

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 583616

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4	1		1			
5	1					
6	3		3			
7	3		3			
8	3		3			
9	3		3			
10	3		3			
11	1		1			
12			1			
13	2		2			
14	2		2			
15	2		2			
16	1		1			
17	1		1			
18	1					
19			1			
20	2		2			
21	1		1			
22			1			
23			2			
24			1			
25			1			
26	1		1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			3			
36			3			
37			3			
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48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.			13			
TOTAL CLAIMS			56			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						